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PTO/SB/22 (12-97)
 Approved for use through 9/30/00. OMB 0651-0031
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) <u>OPHD-02304</u>
In re Application of <u>JAMES A. WILLIAMS</u>		
Application Number <u>08/704,159</u>	Filed <u>8/28/96</u>	
For <u>MULTIVALENT VACCINE FOR</u> <u>CLOSTRIDIUM BOTULINUM NEUROTOXIN</u>		
Group Art Unit <u>1816</u>	Examiner <u>E. Rabin</u>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>870.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☒ Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 435.00.

A small entity statement under 37 CFR 1.27:

☐ is enclosed.

☒ has already been filed in this application.

☐ A check in the amount of the fee is enclosed.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-1290. I have enclosed a duplicate copy of this sheet.

I am the ☐ assignee of record of the entire interest.

☐ applicant.

☒ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

4/15/99
Date

Camrin Macknight
Signature

CAMRIN MACKNIGHT
Typed or printed name

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/29 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c))		<u>9</u> -20 =	<u>0</u>	x \$ <u>18.00</u> =	\$ <u>0-</u>
INDEPENDENT CLAIMS(37 CFR 1.16(b))		<u>1</u> -3 =	<u>0</u>	x \$ <u>78.00</u> =	<u>0-</u>
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ <u>0</u> =	<u>0</u>
				BASIC FEE (37 CFR 1.16(a))	<u>760.00</u>
				Total of above Calculations =	<u>760.00</u>
				Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).	<u>380.00</u>
				TOTAL =	<u>380.00</u>

6. Small entity status:

- a. ☐ A small entity statement is enclosed.
b. ☒ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 08 - 1290:

- a. ☒ Fees required under 37 CFR 1.16.
b. ☐ Fees required under 37 CFR 1.17.
c. ☐ Fees required under 37 CFR 1.18.

8. ☐ A check in the amount of \$ 815.00 is enclosed.

9. ☒ Other: 3 month extension of time fee (\$435.00)

NOTE:

The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE

FAX

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

SIGNATURE

DATE

KAMRIN MACKWIGIT

Kamrin Mackwigit

4/15/99